CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

☐ Candidate

Election Year: _

STATEMENT OF ECONOMIC INTERESTS

Official Use Only

COVER PAGE

COVER PAGE

DAYTIME TELEPHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

Date Received

AMENDMENT	1 D11	blic Document	2009 MAR 27 PM 5: 09	
Please type or print in ink.	АГи	онс Доситен		
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NU	
Hoffner	William	Douglas	(916) 327-9064	
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP COD	E OPTIONAL: FAX / E-MAIL /	
801 K Street, Suite 2101	Sacramento	CA 958	14	
1. Office, Agency, or Court		4. Schedule Sum	mary	
Name of Office, Agency, or Court:		► Total number of pages including this cover page:5		
Labor & Workforce Development Ag	jency	including this cover	page:	
Division, Board, District, if applicable:		Check applicable sc interests."	hedules or "No reportable	
Your Position:		I have disclosed inter attached schedules:	rests on one or more of the	
Acting Secretary and Undersecretar	у	Schedule A-1 Ye	es - schedule attached	
If filing for multiple positions, list addition(s): (Attach a separate sheet		Investments (Less than 10	% Ownership)	
Agency: see attached - and amended	SELM HAVE CHIMNEN	Schedule A-2 Ye Investments (10% or great	es — schedule attached ter Ownership)	
Position:		Schedule B X Ye	es - schedule attached	
16 Technological London	-75		es – schedule attached	
2. Jurisdiction of Office (Chec	ck at least one box)	Income, Loans, & Busin and Travel Payments)	ess Positions (Income Other than Gift	
		Schedule D X Ye	es - schedule attached	
County of		Income – Gifts		
City of		Schedule E Ye	es – schedule attached	
Multi-County		mcome - naver rayme	/its	
Other			-or-	
3. Type of Statement (Check a	t locat one bow	☐ No reportable inte	rests on any schedule	
	~			
Assuming Office/Initial Date: _		5. Verification		
Annual: The period covered is January through December 31, 2008.	uary 1, 2008,		nable diligence in preparir	
-or-		my knowledge the infor	mation contained herein and	
O The period covered is	_/, through	attached schedules is tr		
Leaving Office Date Left:/ (Check one)			f perjury under the laws of the oregoing is true and correc	
O The period covered is January 1	, 2008, through the		March 27, 2000	
date of leaving office.		Date Signed	March 27, 2009 (month, day, year)	
O The period covered is/	/ through			
the date of leaving office.	, unough	Signature _		

➤ Total number of pages including this cover page:5				
► Check applicable schedules or "No reportable				
interests."				
I have disclosed interests on one or more of the attached schedules:				
Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)				
Schedule A-2 Yes – schedule attached Investments (10% or greater Ownership)				
Schedule B				
Schedule C X Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)				
Schedule D Yes – schedule attached Income – Gifts				
Schedule E				
-or-				
No reportable interests on any schedule				
5. Verification				
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				

California Workforce Investment Board

Department of Technology Services Board

California Partnership of the San Joaquin Valley Board

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION William Douglas Hoffner

CITY
FAIR MARKET VALUE IF APPLICABLE. LIST DATE: \$2,000 - \$10,000
\$10,001 - \$100,000
2100.001 - 21.000,000
Over \$1,000.000
NATURE OF INTEREST
Ownership/Deed of Trust Easement
Leasehold
Yrs. remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
11
al lending institutions made in the lender's regular course ublic without regard to your official status. Personal loans of business must be disclosed as follows:
ublic without regard to your official status. Personal loans
ublic without regard to your official status. Personal loans of business must be disclosed as follows:
ublic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS
ublic without regard to your official status. Personal loans of business must be disclosed as follows:
ublic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS
Delic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS BUSINESS ACTIVITY OF LENDER
Delic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS BUSINESS ACTIVITY OF LENDER INTEREST RATE When the personal loans of business activity of Lender TERM (Months/Years) None
Diblic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS BUSINESS ACTIVITY OF LENDER INTEREST RATE TERM (Months/Years)
Diblic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS BUSINESS ACTIVITY OF LENDER INTEREST RATE TERM (Months/Years)
Diblic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS BUSINESS ACTIVITY OF LENDER INTEREST RATE TERM (Months/Years)
Diblic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS BUSINESS ACTIVITY OF LENDER INTEREST RATE TERM (Months/Years)

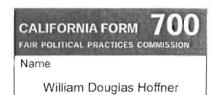
SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

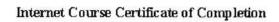
CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name	,	
William	Douglas Hoffner	

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
PEACH, Inc.	
ADDRESS	ADDRESS
1107 9th Street, #1001, Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit trade association	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
X \$10,001 - \$100,000 ☐ OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of	Sale of
(Property, car. boat, etc.)	(Property, car. boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other	Other(Describe)
(Describe)	Oesawe
A LOANS DESCRIPTION OF SUPERANDING DUDING THE DESCRIPTION DES	NO.
 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER 	
	I lending institutions, or any indebtedness created as par
of a retail installment or credit card transaction, made	your official status. Personal loans and loans received
not in a lender's regular course of business must be	
The time to regular searce of saumese mast se	
NAME OF LENDER'	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property
	Real PropertyStreet address
\$500 - \$1,000	Real Property Street address City
\$500 - \$1,000 \$1,001 - \$10,000	Street address
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	Street address City
S1,001 - \$10,000	City Guarantor Other
\$500 - \$1.000 \$1,001 - \$10,000 \$10,001 - \$100,000	City Guarantor
\$500 - \$1.000 \$1,001 - \$10,000 \$10,001 - \$100,000	City Guarantor Other
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	City Guarantor Other

SCHEDULE D Income - Gifts



	95814 ANY, OF SOUR st reception UE 27.29	RCE		Y, IF ANY, OF SOU VALUE \$\$	DESCRIPTION OF GIFT(S)
ADDRESS 1225 H Street, CA BUSINESS ACTIVITY, IF / legislative breakfa: DATE (mm/dd/yy) VALI 06 / 25 / 08 \$	95814 ANY, OF SOUR st reception UE 27.29	DESCRIPTION OF GIFT(S) breakfast & beverage Paid back 3/23/09	BUSINESS ACTIVIT	\$\$	DESCRIPTION OF GIFT(S)
1225 H Street, CA BUSINESS ACTIVITY, IF / legislative breakfa: DATE (mm/dd/yy) VALU 06 / 25 / 08 \$	any, of sour st reception UE 27.29	DESCRIPTION OF GIFT(S) breakfast & beverage Paid back 3/23/09	BUSINESS ACTIVIT	\$\$	DESCRIPTION OF GIFT(S)
BUSINESS ACTIVITY, IF / legislative breakfa: DATE (mm/dd/yy) VALU 06 / 25 / 08 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	any, of sour st reception UE 27.29	DESCRIPTION OF GIFT(S) breakfast & beverage Paid back 3/23/09	DATE (mm/dd/yy) /	\$\$	DESCRIPTION OF GIFT(S)
BUSINESS ACTIVITY, IF / legislative breakfa: DATE (mm/dd/yy) VALU 06 / 25 / 08 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	any, of sour st reception UE 27.29	DESCRIPTION OF GIFT(S) breakfast & beverage Paid back 3/23/09	DATE (mm/dd/yy) /	\$\$	DESCRIPTION OF GIFT(S)
DATE (mm/dd/yy) VALU 06 , 25 , 08	27.29	breakfast & beverage Paid back 3/23/09		\$ \$	
06,25,08 \$\$\$	27.29	breakfast & beverage Paid back 3/23/09		\$ \$	
		Paid back 3/23/09		\$	
\$\$					
				\$	
NAME OF SOURCE			NAME OF SOURCE		
			I P NAME OF GOOKE		
ADDRESS			ADDRESS		
BUSINÉSS ACTIVITY, IF A	ANY, OF SOUR	RCE	BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE
DATE (mm/dd/yy) VALI	JE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
ss				\$	
			J	\$	
\$				\$	
NAME OF SOURCE			► NAME OF SOURCE		
ADDRESS			ADDRESS		
BUSINESS ACTIVITY, IF	ANY, OF SOUR	RCE	BUSINESS ACTIVIT	Y. IF ANY, OF SOU	RCE
DATE (mm/dd/yy) VALU	JE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
\$\$				\$	
				\$	
\$\$				\$	
Comments:					



ETHICS ORIENTATION FOR STATE OFFICIALS

I am aware of, and have attempted to comply with, the procedures established by my agency for making this Internet training a part of my agency's ethics orientation. I have carefully read all of the instructional materials that were provided in this accessible Internet course.

Doug Hoffner

Name

Labor and Workforce Developm

3/20/09

Agency

Date course completed

Acting Secretary and Undersecretary

Position .

3/20/09

Date

My signature on this certificate signifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.



Certificate of Completion

This is to certify that

Doug Hoffner of Labor and Workforce Development Agency

successfully completed the mastery test (supervisory) in

Preventing Sexual Harassment

on March 20, 2009, with a score of 100%

Print this certificate (click Print under the File menu above) and sign it and send it to Labor and Workforce Development Agency's Human Resources Department.

I confirm that this certificate represents my test score in Preventing Sexual Harassment



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